

Governing Body meeting (held in public)

DATE: 28 January 2016

Title	Minutes from meeting of the Bexley Health and Wellbeing Board on 11 November 2015	
This paper is for Decision		
Recommended action for the Governing Body	That the Governing Body: 1. Note the printed draft minutes of the meeting of the Bexley Health and Wellbeing Board on 11 November 2015	
Potential areas for Conflicts of interest	None.	
Executive summary	The Bexley Health and Wellbeing Board printed draft minutes are from its meeting on 11 November 2015. The meeting discussed: youth offender health and wellbeing; CAMHS transformation plan; review of children's mental and emotional wellbeing in Bexley - progress update; building health partnerships ; tackling loneliness in later life sub-group - activity ;commissioning intentions – progress: any other business, which included: CQC inspections of GP surgeries in the Borough and the Better Care Fund.	
How does this paper support the CCGs objectives?	Patients:	Not applicable.
	People:	Not applicable.
	Pounds:	Not applicable.
	Process:	Not applicable.
What are the Organisational implications	Key risks	None arising from this report.
	Equality	None arising from this report.
	Financial	None arising from this report.
	Data	None arising from this report.
	Legal issues	None arising from this report.

	NHS constitution	None arising from this report.
Engagement	None in relation to this report.	
Audit trail	None.	
Comms plan	None in relation to this report.	
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Date	19 January 2016	

BEXLEY HEALTH AND WELLBEING BOARD

11 November 2015

At a meeting of the BEXLEY HEALTH AND WELLBEING BOARD held at COUNCIL CHAMBER - CIVIC OFFICES on WEDNESDAY, 11 NOVEMBER 2015 at 2.30 pm

Present:

Terry Bamford OBE, Sarah Blow, Tom Brown, Councillor Teresa O'Neill OBE, Annie Callanan, Dr Nikki Kanani, Dr Nada Lemic, Paul Moore, Councillor Eileen Pallen, Jane Shuttleworth, Sakthi Suriyaprakasam and Jacky Tiotto.

Also present:

Councillors Roy Ashmole and Philip Read.
Mike Attwood, Consultant

30. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

(Agenda Item No. 1)

In opening the meeting the Chairman welcomed the new Vice-Chairman, Dr Nikki Kanani and the Council's Acting Chief Executive, Paul Moore.

Apologies had been received from Dr Sonia Khanna-Deshmukh.

31. MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2015

(Agenda Item No. 2)

The minutes of the meeting were agreed.

RESOLVED:- That the minutes of the meeting held on 9 September 2015 be agreed and signed as a true record.

32. DECLARATIONS OF INTERESTS AND DISPENSATIONS

(Agenda Item No. 3)

There were none.

33. STANDING ORDER 65(6)

(Agenda Item No. 4)

There were no items of late business.

34. YOUTH OFFENDER HEALTH AND WELLBEING

(Agenda Item No. 5)

Charlotte Shrimpton, Service Manager Youth Crime and Prevention, LB Bexley provided the Board with an overview of the Bexley Youth Offending Team (YOT) cohort health needs, resources and key health interventions.

The Board noted the YOT cohort is relatively small, mostly aged 10 – 17 (with the majority being 15 years old), with some having faced significant issues that impact on their health prior to entering the system. Charlotte provided a profile of the Bexley cohort and said children and young people in contact with the youth justice system have more severe health and wellbeing needs than others of their age. The Board was advised that the YOT is multi-agency,

working in the most informed way possible and operating a triage service to target interventions.

Severine Aare, Team Manager, YOT Bexley, introduced the Board to a new pilot trauma and community supervision programme developed by the YOT to assist those young people who had suffered childhood trauma and who were assessed as being at risk of re-offending. The Board also noted that the Borough's Triage, Liaison and Diversion Scheme has flourished and benefitted from DoH funding to enable it to provide early help services and bring direct positive impacts for young people who have been arrested.

Charlotte said that although there is regular and high footfall into triage, a relatively low number of young people in Bexley enter the criminal justice system. She drew Members' attention to concerns in respect of future funding, adding that some progress had been made in addressing these through pooled funding and joint delivery options, for example, and NHS England confirmation on funding for 2015/16. The Board welcomed the fact that learning is being used to develop the service and that all agencies and the voluntary sector engaged with the YOT appeared to be positive and committed to continue for the future.

Members heard that the YOT has good links with primary health services and, via intervention and support from a YOT nurse, is able to ensure the cohort receives appropriate medical advice and services from their GP. The CCG's Youth Ambassador Programme was recommended to the YOT, and the Board commented that there is excellent potential for links to be made with the Working With Young People Sub-Group of the Bexley Safeguarding Children Board. The Board was advised that the transition to adults' services is supported and managed.

The Board commented that the YOT is a comprehensive and well thought through service. Members noted the report and the potential financial solutions now in the pipeline.

35. CAMHS TRANSFORMATION PLAN (Agenda Item No. 6)

The Chairman reminded the Board that on their behalf she had signed off the CAMHS Transformation Plan, a copy of which had then been circulated to all. She invited Sarah Blow to elaborate.

Sarah said NHS England had required the plan to be signed off and submitted by 15 October 2015, and the Chairman had agreed to do so as an urgent action. In developing the plan, Sarah said the CCG had been liaising with those responsible for developing the Board's new priority, children's mental and emotional wellbeing.

Sarah added that the plan had received good, positive, feedback, particularly in relation to evidence, partnerships and understanding of the local population. Members noted that NHS England had requested more work on key performance indicators, and on completion of this work the Plan would be

re-submitted by 24 November. Sarah said the re-submitted Plan would be presented to the Board.

Inviting the Board to note the Plan, the Chairman then recommended members discuss it as part of the next agenda item.

36. REVIEW OF CHILDREN'S MENTAL AND EMOTIONAL WELLBEING IN BEXLEY - PROGRESS UPDATE
(Agenda Item No. 7)

Mike Attwood was invited to update the Board on progress with the multi-agency review of this new priority and development of an action plan.

Mike said the review comprises four main elements: updating demographic information; a deeper analysis of national evidence and best practice guidance; a local service mapping exercise; and, engaging with service users, carers, service providers and senior leaders to ascertain what is working well and what might need to change. Mike then summarised the main service review lines of enquiry and where the review had made progress.

The Board noted that all data analysis and proposed engagement activity was not yet complete, but was advised that a number of key messages are emerging, namely: partners in Bexley are committed to working together; a single point of access to services is desirable; the CAMHS service is limited in the amount of professional advice, consultation and training that it can provide (but the CAMHS Transformation Plan, if the bid is successful, may resolve this); CAMHS Tier 1 and Tier 2 services could be developed further and better integrated; there is a good understanding of financial pressures facing all services; and, a fully integrated obesity pathway is urgently needed.

The Board also noted the next steps and the intention to present to them in January 2016 a final report with five or six recommendations.

In discussion members considered that an integrated children's service might be an option for the future and that community led projects might be able to assist deliver improved outcomes for children and young people. The Board recommended that for this to succeed some element of transition from children's to adult services needed to be developed, and was advised that one planned engagement session would be on transition.

Members recognised the need for certain services to work differently to achieve the review and project aims. Specific support for parents and carers was also identified as essential, and it was recommended that some thought be given to how some Looked After Children who are in high cost placements because of mental health issues might benefit from a high end CAMHS offer. The Board also recommended promoting work in schools, and for consideration to be given to developing more integrated children's community services.

The Board noted the report, welcomed the progress to date and asked that their discussions and comments be taken into account as the project evolves in the coming months.

37. BUILDING HEALTH PARTNERSHIPS
(Agenda Item No. 8)

Sakthi Suriyaprakasam was invited to provide the Board with an update on the work of the Building Health partnerships programme in Bexley.

Sakthi said the programme had brought together partners from LB Bexley, the CCG and the voluntary sector who considered five key areas: diabetes prevention; early help for families; a joint commissioning agreement; a mapping exercise for the voluntary and community sector; and, exploration of communication options.

The Board heard that a number of proposals and recommendations had evolved for each of the key areas, as summarised in the report before members. Sakthi said that all participants acknowledged that the process had significantly improved partnership working, had brought about positive impacts in respect of relationships and leadership and shared knowledge and had provided a good platform to take forward future work on key priorities for Bexley.

Given this, the Board was advised that all partners were willing to continue in the development of partnerships across the voluntary and community sector and health economy, and members were invited to consider maintaining the Building Health Partnerships legacy.

Members noted that there is evidence from this project and elsewhere, such as the King's Fund, that partnerships such as these work well. The Board agreed that the momentum from the project needed to be maintained and sought recommendations on how this might be achieved. Members were advised that to assist in the process facilitated offers from London Councils would be pursued by their Executive Group.

RESOLVED: That -

- i) the Head of Health Policy be tasked to consider ways in which the work of the BHP Programme can be taken forward as part of the Health and Wellbeing Board Executive arrangements; and,
- ii) a set of recommendations to achieve i) above be presented to the Board's meeting in January 2016.

38. TACKLING LONELINESS IN LATER LIFE SUB-GROUP - ACTIVITY REPORT
(Agenda Item No. 9)

In introducing the report before the Board Councillor Eileen Pallen said she had earlier met the Minister for Community and Social Care, Alistair Burt, on another matter, but had mentioned the work underway on tackling loneliness in Bexley: the Minister had welcomed the work and agreed how the developing proposals could bring about savings.

Cllr. Pallen said a sub-group had been established bringing together representatives from a range of organisations which contribute to tackling loneliness in later life, adding that a workplan had been agreed. The Board noted that the sub-group had identified a significant number of existing activities in Bexley which, through partnership working, promotion and publicity, could help to tackle loneliness in later life at no additional cost. Cllr. Pallen said full proposals were now being developed through a series of themed work streams, adding that some publicity activity was already underway.

In discussion, members heard that the NHS had recently prepared a national message for winter, which includes suggestions for others to look out for older, and lonely, people. Members suggested that, if it had not already done so, the sub-group should review what GP's can do to help lonely people, and agreed this subject was not about commissioning services but galvanising community and voluntary activity. At the conclusion of discussions, Cllr. Pallen said she would like to recommend to the Board that the sub-group remains in place once it has made its recommendations, and therefore should no longer be considered as a task and finish group. This was agreed.

The Board welcomed the work of the sub-group and noted that further updates and formal recommendations would follow in due course.

RESOLVED:- That the Tackling Loneliness in Later Life Sub-Group is no longer considered to be a task and finish group but continues its work after it has made formal recommendations to the Board.

39. COMMISSIONING INTENTIONS - PROGRESS UPDATE (Agenda Item No. 10)

Sarah Blow provided the Board with an update on the latest developments in the Clinical Commissioning Group's commissioning intentions for 2016-2018.

The Board was advised that because less than 20% of Bexley residents are considered to be healthy and well, this presents a challenge to the provision of health services. To reduce costs, Sarah said the CCG's commissioning intentions are aligned with various local and national strategies to try and alleviate the challenges and problems being faced, and to ensure patient care is provided seamlessly across a range of organisations.

Dr Kanani summarised the aims of one such strategy, Our Healthier South East London, which is being developed by all six SE London CCG's and health commissioners from NHS England alongside providers, stakeholders and patients. Intended to improve health, reduce health inequalities and ensure all health services in SE London consistently meet safety and quality standards, and are sustainable, Dr Kanani said the strategy is commissioner-led and clinically-driven. She added that the strategy is reviewing six areas of healthcare: community-based care; maternity; children and young people's services; cancer; planned care; and, urgent and emergency care. Members noted that there is an integrated approach to mental health across all six priority areas.

Sarah Blow added that the work in Bexley reflects that being undertaken across SE London, to ensure the local priorities reflect those in London more widely, and she outlined a number of events and meetings that had taken place to try and identify the local commissioning intentions, designed to maintain synergy with the SE London proposals and achieve cost savings whilst providing sustainable services.

Dr Kanani concluded by confirming that this was still work in progress, and suggested that although the final detail will be presented to the CCG Governing Body, there would be no need for the Board to see the details, because many Board members were involved in the development of the commissioning intentions. This was agreed.

Dr Lemic confirmed that the Joint Strategic Needs Assessment is being reviewed both in the light of these commissioning intentions and the Board's new priority for children's mental and emotional wellbeing. Sarah Blow re-assured members that changes in children's services are also being picked up as part of the commissioning intentions work, but asked members to highlight any gaps they notice across any aspect of local health services.

Addressing concerns that mental health was at risk of being diminished as a result of these proposals, Dr Kanani said that all involved were aware that mental health is important, and development of both the SE London and local strategies were required to ensure this is included. Responding to comments from members that the proposals appeared silent on services for older people, Sarah Blow said these were covered in the local intentions proposals, and London-wide they form part of the local care networks.

Dr Lemic explained what mapping and evidential work is underway to see how the number of people in Bexley considered to be healthy and well can be increased to approximately 60% (from the current 20%), although Dr Kanani said some evidence needs to be gathered over a 10-15 year period. That said, members noted the work on finances, modelling and a Bexley local care network would offer a clearer and quicker understanding and evidence on how services should develop and evolve, and how they could react to change.

The update was noted.

40. PUBLIC QUESTIONS
(Agenda Item No. 11)

There were no public questions.

41. ANY OTHER BUSINESS
(Agenda Item No. 12)

a) CQC INSPECTIONS OF GP SURGERIES IN THE BOROUGH
(Agenda Item No. 12a)

The Chairman said Care Quality Commission (CQC) inspections of GP surgeries in the Borough have rated two as requiring improvement and one as inadequate. She said the Council's People Overview and Scrutiny Committee

(OSC) will be establishing a one-off sub-group to review primary care and these inspection reports, and invited the Board to submit any comments to the OSC for consideration.

Dr Kanani said 13 reports had been received from CQC inspections, with more to follow, and “good” and “outstanding” ratings anticipated. She said that although the CCG does not commission GP services, it has an online resource on CQC inspections which GP surgeries can access, and is working with and supporting those of concern to the CQC.

For the three surgeries highlighted, Dr Kanani said one small branch surgery rated “requires improvement” had been inspected in isolation from the main surgery, and CQC concerns would soon be resolved. For the other rated as requiring improvement, members were advised that CQC concerns were administrative in nature and these had been resolved. For the surgery rated “inadequate”, the Board heard that this was due to a backlog of documents awaiting review as a result of staff shortages, which the surgery was working to resolve. Dr Kanani assured the Board that at no time were patients at risk. Members noted that the CQC would re-inspect these practices in due course, where good outcomes were anticipated, and received further assurances that there had not been any impact on patients, with surgery closures unlikely.

Members welcomed the CCG’s input, and had no comments to forward to the OSC Sub-Group. The Board noted that it will receive a report back from the OSC Sub-Group at some point.

b) BETTER CARE FUND
(Agenda Item No. 12b)

Tom Brown said that a further BCF submission was due before the end of November 2015, but because this did not synchronise with Board meetings, he sought approval for the Chairman to sign off the submission on the Board’s behalf. This was agreed. The Chairman said she had commented to NHS England that their deadlines are not helpful.

c) FORWARD AGENDA FOR NEXT MEETING
(Agenda Item No. 12c)

Subject to moving to March 2016 a Healthwatch Bexley report, “Transition from Children’s Services to Adult Services”, this was agreed.

RESOLVED:- That

- i) the Chairman signs off the November 2015 BCF submission on behalf of the Board; and,
- ii) the Forward Agenda for the next meeting, as amended, be agreed.

42. NEXT MEETING: 25 JANUARY 2016, 7.30PM
(Agenda Item No. 13)

This was noted.

The Board rose at 4.37pm